

Patient Survey

Which Provider treated you during your visit?

Dr. Ferrero
 Dr. Trent
 Dr. Love
 Dr. Lin
 PA Broome
 PA Magoon

		Poor	Fair	Average	Good	Excellent
1.	How would you rate your experience on the phone, was the receptionist polite and did he/she wait for your response before placing you on hold?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	How would you rate our front desk staff, upon your arrival was the check-in & check-out staff friendly and helpful?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	How would you rate the way your financial obligations were discussed with you, were they discussed quietly and/or privately?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	If it was necessary to communicate with our billing personnel: How would you rate the way you were treated, were they courteous, friendly and did they explain all answers to your satisfaction?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	How would you rate the clinical staff (nurses, ortho techs, and x-ray tech), were they pleasant and courteous, did they introduce themselves?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	How would you rate the clinical staff's knowledge and skills, were you confident in their abilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	How would you rate the way in which your needs or concerns were discussed with our clinical staff, were they discussed with sensitivity & in a confidential manner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	How would you rate your provider, did you feel your provider was sympathetic and/or interested in addressing your healthcare needs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	How would you rate the way your provider listened to and answered your questions, was it in a way that you understood?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	How would you rate the amount of time and attention your provider gave you during your exam/procedure, was it adequate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	How would you rate the amount & quality of the follow-up instructions & educational materials given to you by your provider?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	If you received a prescription and it was sent to your pharmacy electronically, how would you rate the process? (was it successful)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	How would you rate the information our clinical staff gave you with regards to any test results, were you informed when & how you should expect to receive them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	How would you rate the staff's ability to communicate and keep you informed of any current delays?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.	How would you rate the amount of time you spent in the Waiting Room?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.	How would you rate the amount of time you spent in the Exam Room?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.	How would you rate your overall visit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.	Were you seen by the doctor in a reasonable amount of time? How long did you wait?	<input type="checkbox"/> Yes		<input type="checkbox"/> No		